

Mentoring for Success Program Mentoree Application

Please complete the front and back side of this application. Be concise with your responses.

Name _____ Bldg. # _____

Grade/Series _____ Phone _____ Fax _____

Job Title _____

Program Title & # _____

Are you (circle one) supervisory or non-supervisory?

Who is your first line supervisor? _____ Phone _____

Time on Station? (Military only) _____

Education _____

Areas of Specialization _____

Work Experience _____

What are your short term goals? _____

What are your long term goals? _____

Please provide a self assessment of your personal, professional, and technical strengths. _____

(Mentoree Application - Continued)

Please provide a list of skills you would like to develop/enhance. _____

What are your expectations of this program? _____

How much time do you think you can commit to this program? _____

My objectives for the mentoring relationship are indicated below: (Specific topics to be discussed and agreed upon between mentor and mentoree.)

___ Career Development

___ Technical/programmatic guidance

___ Personal growth

___ Leadership/management skills

___ Networks/contacts

___ Diversity awareness

Other _____

Do you have a mentor preference? If so, please indicate this preference by circling one of the following:

male / female

civilian / military

no preference

My specific Mentor request: (Please include phone number) _____

Nominations for other Mentors are: (please include a phone number with the nominated name) _____

Your supervisor may be contacted to discuss your participation in this program.

Please send this completed application to: MCHB-CG-QSO, ATTN: Dianne Cottrell

Applications may be faxed to: Dianne Cottrell, DSN 584-8513

(Revised 1/98)